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PTO/SB/17 (10-07)

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FEE TRANSMITTAL FOR FY 2008 Application Number Filing Date Cotober 4, 2005 First Named Inventor Examiner Name T. L. Matochik Art Unit T796 Check Credit Card Money Order None Check Credit Card Money Order To the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$	Effective on 12/08/		Complete if Known					
FOR FY 2008 First Named Inventor Examiner Name T. L. Matochik			Application Nur	Application Number 10/552,251-0		onf. #6446		
FOR FY 2008 First Named Inventor Examiner Name T. L. Matochik	FEE TRANSMITTAL		Filing Date	Filing Date October 4, 20)5		
Application Type Fee (S) Fee (First Named In	ventor	itor Mitsuru Kitada			
METHOD OF PAYMENT (s) 120.00 Attorney Docket No. B0333(47762)	FOFFT 2008		Examiner Name	Examiner Name T. L. Matoch				
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Art Unit 1796				
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number O4-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP	TOTAL AMOUNT OF PAYMENT	Attorney Docket	No.	80333(47762)				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	METHOD OF PAYMENT (check all that apply)							
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Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Charge any additional fee(s) or underpayments of Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of X Credit any overpayments FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$	x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP							
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Provisional 210 105 0 0 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Plant 210	105 3	0 155	160	80			
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Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) A Bultiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) A Pelication and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$)	Provisional 210	105	0 0					
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(202) 476-7375	SUBMITTED BY	1-15						
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